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7590 07/01/2004

KREIGSMAN & KREIGSMAN  
665 FRANKLIN STREET  
FRAMINGHAM, MA 01702

10/04/2004 LWONDIM2 00000096 09762691

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|  |                    |
|--|--------------------|
| IRVING M. KREIGSMAN<br><i>Irving M. Kreigsmann</i> | (Depositor's name) |
| September 29, 2004                                 | (Signature)        |
| September 29, 2004                                 |                    |
| (Date)   |                    |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/762,691      | 02/09/2001  | Oliver Danne         | 81640               | 7836             |

TITLE OF INVENTION: IN-VITRO METHOD FOR DETECTING AND DIAGNOSING ACUTE CORONARY SYNDROMES

| APPLN. TYPE     | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|-----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional  | YES          | \$665     | \$0             | \$665            | 10/01/2004 |
| EXAMINER        | ART UNIT     |           | CLASS-SUBCLASS  |                  |            |
| COLE, MONIQUE T | 1743         |           | 436-086000      |                  |            |

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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. *Kreigsmann, Kreigsmann*

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee

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(Authorized Signature) (Date)  
*Irving M. Kreigsmann* 9-21-04

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TRANSMIT THIS FORM WITH FEE(S)



Patent Attorney  
Docket No. 81640  
Customer Number 23685

### TRANSMITTAL LETTER

Inventor: Oliver Danne

Serial No: 09/762,691

Filed: 2-9-01

Confirmation No. 7836

For: IN-VITRO METHOD FOR DETECTING AND DIAGNOSING ACUTE CORONARY SYNDROMES

Group Art Unit: 1743

Examiner: Monique T. Cole

Date Due: 10-1-04

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
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Dear Sir:

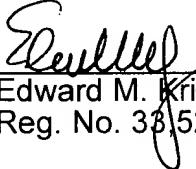
Transmitted herewith for the above-identified patent application are the following:

Issue Fee Transmittal Form  
A check in the amount of \$1330  
A return postcard

The item(s) checked below are appropriate:

1.  Applicant(s) hereby petitions for a ( ) month extension of time to respond to an dated
2.  Please charge any fees or costs not accounted for to Deposit Account No. 11-1755.
3.  Applicant is a small entity.

Date: September 29, 2004

  
Edward M. Kriegsman  
Reg. No. 38529

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Edward M. Kriegsman